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Charter for General Practice

Events are moving forward at a brisk pace. Emergency meetings of the G.M.S. Committee and of the Council were held last week. These are reported in the *Supplement* of this week's *B.M.J.* The meetings were held to consider what is entitled "A Charter for the Family Doctor Service" drawn up a fortnight ago and submitted to the two bodies concerned, and now, as amended by them, made public and submitted to the Minister of Health. The charter appears in the opening pages of the *Supplement*. Two conclusions emerge from the welter of correspondence, committee reports, working party reports, newsletters, discussions over the wireless and the television, and now the Charter—namely: (1) that the majority of general practitioners are discontented with their work and their position in medicine to-day, and (2) that the causes of this discontent can to a large extent be removed by the provision of more money in order to change the conditions of work.

The charter begins with a series of statements which will readily command assent. If the trained doctor who enters general practice is to be able to do those things he has been trained to do, then he must have adequate time, space, and assistance with which to do them. In order to have these basic requirements he must find money to provide the space, equip it properly, and engage the services of non-medical helpers who in their own special field of experience can take a good deal of work off his hands, and so leave him free to do that which he has been trained to do. Above all, the general practitioner must have time to take a full history and make a careful examination of those patients who come to him with other than trivial ailments, in the management of which many were content to take the advice of the local pharmacist. The characteristic of modern medicine is increasing precision of measurement. This is the characteristic of science. The general practitioner should therefore have fully available to him those facilities provided by pathology and radiology which enable him to fill out the clinical picture and to confirm his suspicions or guesses, and in any case to provide precise data which would clinch a diagnosis and facilitate rational therapeutics. Many general practitioners work to-day in conditions which make this difficult, or even at times impossible. A shrewd clinical instinct developed by experience and guided by intuition often makes good to a surprising extent these inadequacies. But the modern patient and the modern doctor both demand the full use of the resources of modern clinical science. These things, though commonplace enough, have to be repeated if the public and the Government are to realize that doctors are not just crying for the moon—or even for the moon and sixpence. Medicine advances at such a rate that unless a doctor once qualified deliberately sets aside time for reading, and periodically time for retraining, he is bound to get out of date and to feel himself isolated from his colleagues who, by continuing to work in hospital, are confronted throughout the whole of their work with new ideas and with frequent

interchange of these and of experience with other hospital colleagues. This continuing education needs time, and time is money.

Certain things encroach severely on the time of a general practitioner. First among these is the number of patients he has to look after, and the B.M.A.'s charter aims at a maximum list of 2,000 patients per family doctor. This is one way of looking for a lightening of the load, but possibly the greater use of ancillary services, the reform of the disciplinary machinery, and a more common-sense and simpler approach to certification would go a long way to remove from the practitioner of to-day time-consuming and tedious tasks of filling up forms. And if the present volume of regulations were torn up and replaced by a simple formula of engagement the doctor would be able to breathe more freely and so, we suggest, would the administrator.

If these requirements foreshadowed in the B.M.A.'s charter were introduced, the general practitioner would still be isolated from his colleagues in general practice, in consulting practice, and in the public health service unless a determined attempt is made to correct this. The charter makes only brief reference to group practice, but if all doctors practising medicine are to continue to practise it in the way they are trained, and in a way that will reflect changes brought about by current research, they should, we suggest, continue to some extent in the environment in which their training took place. This means that in addition to the facilities discussed the general practitioner must be able to treat his patients in hospital beds when this is the best thing for the patient, and indeed this was provided for in the primary and secondary health centres of the Dawson Plan of 1920. This, coupled with group practice, will make for a more ideal professional life and better service for the patient.

British general practitioners have now called in question the obligation to be responsible for the care of their patients for the whole 24 hours of each day. The charter draws attention to developments in recent years of night-doctor schemes, emergency deputy services, and so on, noting that the public has accepted these schemes. This has been carried to its most logical extent, perhaps, in Copenhagen, where there is an officially organized night-doctor service, the general practitioner, paid on a capitation basis, having defined hours of work. And so the charter requests that the doctor should have a reasonable working day. He should contract to provide a general-practitioner service within certain hours—for example, as has been suggested, for a 12-hour day, and for a 5½-day working week. In a country where the ordinary worker now has secured an 8-hour day for a 5-day week this would seem to be a modest request. This proposed limited working day for providing general medical services for a defined period in the day is linked to the financial proposals of the charter. First of all it is suggested that an independent corporation should be set up with public funds to finance the purchase, and modernization, of premises and equipment. This entirely new suggestion surely has everything to commend it. "The Government," the charter states, "should act as banker and provide capital on terms that will give the family doctor an incentive to use it, instead of a disincentive that exists to-day." It is suggested that repayment could be made over the whole of a doctor's working life. In addition to acting as a banker in this way, the independent corporation could acquire premises, and lease them or sell them to family doctors as preferred.

It is proposed that the Pool should be abolished and that a new system of remuneration would be "based on the fees which a family doctor could reasonably expect to earn for surgery consultations and visits to the patient's home." The suggested figure, based upon payments made officially for this purpose, is a capitation fee of 36s. a year. In addition to this, payment would be made on an item-of-service basis, as at present for maternity and other services, and also for work done outside the contractual twelve or so hours a day. The charter advocates flexibility in methods of payment, and here their views coincide with many others advocating the same thing. "We believe," the charter states, "each group of doctors should be allowed to choose the method by which they are paid." But the main element in the charter is in accordance with the majority view among general practitioners, and that is that payment by capitation is preferred to payment by item-of-service or by salary.

The charter is short, and no doubt every general practitioner in the country will read it carefully. The G.M.S. Committee and the B.M.A. Council both passed it with a unanimous vote. As it puts forward new proposals controversy on these is inevitable. But general practice in Britain to-day is in a desperate state, and urgent measures are needed to get rid of the obstacles with which it is surrounded. Discussions have started with the Minister of Health and the Secretary of State for Scotland, and the progress of these will be reported to the joint meeting of the Representative Body of the B.M.A. and the Conference of Local Medical Committees on 24 March.

The letter accompanying the charter from the Secretary of the G.M.S.C. and the Secretary of the B.M.A.—Dr. Walter Hedgcock and Dr. Derek Stevenson—makes it clear that no agreement will be reached with the Minister until the profession has had full opportunity to express its views on the details of any new contract. The letter repeats the statement made in a recent letter issued by the British Medical Guild: "This is clearly the moment to demonstrate that family doctors are of one mind in their determination to see the matter through, and insist upon the drastic reforms needed in general practice. We may never have such an opportunity again." As we go to press the number of resignation forms received by the B.M.A. is 14,255. It is important that those staying out should soon make up their minds what to do because the number of potential resignations is at least a measure of dissatisfaction with the conditions to-day, and, more important, of a determination to see that things are put right. The profession's negotiators need some such measure so that they may know they have the full confidence of the support of their colleagues in general practice. The Minister of Health, we understand, does not look upon this as constituting negotiation under duress. He would, of course, regard negotiations as being under duress if the B.M.A. were compelled by circumstances to take the drastic step of putting the resignations into force. Such an event would in fact create such an entirely new situation that almost all previous negotiations would have to be replaced by others. We may hope that this will not become necessary, as such a confrontation between the profession and the public would be harmful to their future relationships. It is up to both sides in the current grave dispute—to the profession as well as to the Government—to isolate as dispassionately as possible the main causes of the current disorders in British medicine. And if things that have gone wrong need money to put them right then surely the country would agree that this should be done. The Minister of Health should realize that doctors generally dislike working in the N.H.S. in present conditions. The conditions should therefore be changed.